

**GEORGIA AUCTIONEERS COMMISSION
237 COLISEUM DRIVE, MACON, GA 31217
(478) 207-2440
www.sos.ga.gov/plb/auctioneer**

INFORMATION SHEET

REQUIREMENTS FOR THE AUCTIONEER EXAMINATION

1. Applicant must be 18 years or older;
2. Graduated from an accredited high school or obtained a GED & must be able to provide a copy upon request by the Commission;
3. Complete application - sign, notarize and attach current photograph (within 6 months);
4. Submit letter of certification of completion from approved Auction School;
5. Escrow account form (license will NOT be issued without escrow account form);
6. Successfully complete the GA Auctioneers Exam (You will be contacted by PSI Exams when approved for exam.)
7. Submit required application fee;
8. Submit separate payment of \$150.00 payable to "Recovery Fund."

Applications for examination must be made with PSI Exams. Once the Commission approves you for examination, PSI Exams will send a postcard to your mailing address to confirm your eligibility and to provide information on registering for the next available examination.

All applications for licensure must be completed and submitted fifteen (15) days prior to the next board meeting. **All applications are valid for 12 months from the date received by the Commission office. Applications not completed within the 12-month period will be administratively withdrawn, and a new application, application fee, and Recovery Fund fee will be required for further consideration by the Commission.**

REQUIREMENTS FOR RECIPROCITY APPLICATION

1. Completed Application and current photograph.
2. Letter of certification from State where you are currently licensed. A COPY OF LICENSE IS NOT ACCEPTABLE.
3. Escrow account form (license will NOT be issued without escrow account form).
4. Submit required application fee. See fee schedule.
5. Submit separate payment of \$150.00 payable to "Recovery Fund."

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FEE SCHEDULE
(APPLICATION FEES ARE NON-REFUNDABLE)

AUCTIONEER LICENSE	
Application Fee (non-refundable)	\$200.00
Auctioneer Recovery Fund Fee (Separate non-refundable fee paid to "Recovery Fund")	\$150.00
Penalty Fee for Practicing as an Auctioneer Prior to Licensure – In addition to the license fee	\$250.00
Renewal Fee – Received by February 28 of the Renewal Year	\$150.00
Late Renewal Fee – Received Between February 28 and May 31 After the Renewal Deadline	\$250.00
Reinstatement of License Fee – after late renewal deadline, at the Commission's discretion.	\$400.00
AUCTION COMPANY LICENSE	
Application Fee	\$200.00
Auctioneer Recovery Fund Fee (Separate non-refundable fee paid to "Recovery Fund")	\$150.00
Penalty Fee for Operating an Auction Company Prior to Licensure – In Addition to the License Fee	\$250.00
Renewal Fee – Received by February 28 of the Renewal Year	\$150.00
Late Renewal Fee – Received Between February 28 and May 31 After the Renewal Deadline	\$250.00
Reinstatement of License Fee – after late renewal deadline, at the Commission's discretion.	\$400.00
AUCTIONEER SCHOOLS	
Application Fee	\$195.00
Renewal Fee	\$100.00
OTHER FEES	
License Certification Letter	\$ 25.00
Duplicate License Fee	\$ 25.00
Decorative Wall Certificate	\$ 25.00
Change of Name or Address	\$ 25.00
Examination Fee (Contact PSI Exams Online for current fee.)	

Checks or money orders should be made payable to Georgia Auctioneers Commission, unless otherwise noted. Application fees are non-refundable. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

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DO NOT WRITE IN THIS SECTION
 RECEIPT # _____
 AMOUNT _____
 APPLICANT # _____
 INITIAL _____ DATE _____

APPLICATION FOR AUCTIONEER LICENSE

APPLICATION IS BEING MADE FOR (CHECK APPROPRIATE BOX):

- ☐ APPLICANT BY EXAMINATION
 (\$200.00 Application Fee Required)
- ☐ REINSTATEMENT OF LICENSE# _____
 (\$400.00 Reinstatement Fee Required)
- ☐ APPLICANT BY RECIPROCITY
 (\$200.00 Application Fee Required)

SEPARATE \$150.00 FEE PAYABLE TO "RECOVERY FUND IS REQUIRED

NAME:

FIRST

MIDDLE

LAST

SOCIAL SECURITY NO.*: _____-_____-_____

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED
 TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 &
 O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001.

____ I AM A U.S. CITIZEN

____ I AM NOT A U.S. CITIZEN, BUT AM A QUALIFIED
 ALIEN UNDER THE FEDERAL IMMIGRATION AND
 NATURALIZATION ACT, AND I AM LAWFULLY PRESENT
 IN THE UNITED STATES.
 (COMPLETE & SUBMIT ATTACHED FORM WITH COPY OF
 DOCUMENTATION)

PLACE OF BIRTH:

CITY

STATE OR COUNTRY

DATE OF BIRTH: ____/____/____

*APPLICANT MUST BE AT LEAST 18 YEARS OF AGE TO QUALIFY
 FOR LICENSURE

GENDER: ____ MALE ____ FEMALE

GEORGIA RESIDENT: ____ YES ____ NO

MAILING ADDRESS (USED FOR MAILING LICENSES & RENEWAL NOTICES)

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE

PHYSICAL LOCATION ADDRESS (P.O. BOX IS NOT ACCEPTABLE):

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

BUSINESS TELEPHONE

EMAIL ADDRESS (FOR COMMUNICATION BY THE BOARD):

Acknowledgement of your application will be sent by email. If any additional information is needed, email is the most efficient way for the Board staff to contact you. Also, useful information such as notifications regarding license renewal will be sent via email. Please notify the Board of any email address change. Your email address will not be shared with any third party.

ALL QUESTIONS MUST BE COMPLETED BY THE APPLICANT

DO YOU HAVE A HIGH SCHOOL EDUCATION OR GED EQUIVALENT?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE YOU PASSED THE GA AUCTIONEERS EXAM? SUBMIT COPY OF EXAM LETTER	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE YOU COMPLETED AUCTIONEER SCHOOL? IF SO, SUBMIT A COPY OF YOUR CERTIFICATE.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAS A CIVIL JUDGMENT BEEN ENTERED AGAINST YOU? IF SO, SUBMIT A CERTIFIED COPY OF THE COURT DISPOSITION.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
ARE THERE CURRENTLY ANY CHARGES PENDING AGAINST YOU FOR A CRIMINAL OFFENSE? IF SO, SUBMIT AN EXPLANATION, INCLUDING AS MUCH COURT DOCUMENTATION AS POSSIBLE.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED <u>GUILTY OR NOLO CONTENDERE</u> , OR RECEIVED FIRST OFFENDER TREATMENT FOR ANY FELONY, MISDEMEANOR, OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS.) IF SO, ATTACH A COMPLETE LIST OF ALL CONVICTIONS, NOLO CONTENDERE PLEAS, OR CRIMES FOR WHICH YOU HAVE RECEIVED FIRST OFFENDER TREATMENT, DETAILING DATES AND LOCATIONS WHERE SUCH CONVICTIONS, NOLO PLEAS, OR FIRST OFFENDER TREATMENTS OCCURRED, INCLUDING CERTIFIED COURT DISPOSITIONS. <u>FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION AS REQUESTED ALLOWS THE BOARD TO REFUSE TO GRANT A LICENSE (O.C.G.A. § 43-1-19(a)(2)). FAILURE TO PROVIDE COMPLETE AND TRUE INFORMATION, IF SUCH RESULTS IN THE GRANTING OF A LICENSE, ALLOWS THE BOARD TO IMMEDIATELY SUSPEND THAT LICENSE (O.C.G.A. § 43-6-16 (d)).</u>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
HAVE YOU EVER HAD A LICENSE REVOKED, SUSPENDED, OR OTHERWISE SANCTIONED BY ANY BOARD OR AGENCY, OR HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE? IF SO, ATTACH EXPLANATION <u>AND CERTIFIED COPIES OF ALL DISCIPLINARY DOCUMENTS.</u>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
ARE YOU LICENSED IN ANOTHER STATE AS AN AUCTIONEER? IF SO, LIST THE STATE(S) AND LICENSE NUMBER(S) AND SUBMIT AN ORIGINAL CERTIFICATION OF LICENSURE FROM EACH STATE OF LICENSURE. : _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

AFFIDAVIT

THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THIS APPLICATION FOR A GEORGIA AUCTIONEER LICENSE IS TRUE AND CORRECT IN EVERY RESPECT. THE UNDERSIGNED UNDERSTANDS THAT A MATERIAL MISREPRESENTATION IN THIS APPLICATION WILL BE GROUNDS FOR DENIAL OR REVOCATION OF LICENSURE AND PROSECUTION OF THE UNDERSIGNED AS PROVIDED BY LAW.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

SIGNATURE OF THE APPLICANT

DATE

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

**** (SUBMIT THIS PAGE ONLY IF YOU CHECKED THAT YOU ARE NOT A US CITIZEN ON PAGE 1) ****

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- ☐ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- ☐ - Grant letter from the asylum office of INS
- ☐ - Order of an immigration judge granting asylum

Refugee:

- ☐ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- ☐ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- ☐ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- ☐ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- ☐ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- ☐ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- ☐ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- ☐ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- ☐ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- ☐ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- ☐ - INS petition and appropriate supporting documentation

Name of Applicant

ESCROW/TRUST ACCOUNT INFORMATION

Commission Rule 55-5-.02 requires that an Auctioneer maintain at all times an active trust account and register such account with the Georgia Auctioneer Commission.

Complete the following authorization permitting the examination of the escrow or trustee account by a duly authorized representative of the Commission, when so directed by the Commission.

_____ Name as it Appears on the Account		
_____ Account Number		
_____ Name of Bank		
_____ Street Address of Bank		
_____ City	_____ State	_____ Zip Code

I hereby authorize the Georgia Auctioneer Commission and/or authorized representative of the Georgia Auctioneer Commission to examine any information concerning the above-mentioned account.

Signature of the Applicant

Date

Print Name

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

*****NON-RESIDENT AUCTIONEER APPLICANTS ONLY*****

DESIGNATION OF AGENT FOR THE SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

The undersigned _____ being an applicant for licensure as a non-resident Auctioneer in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as an Auctioneer in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

This _____ day of _____, _____.

Signature of the Applicant

Print Name

State of _____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I authorize the Professional Licensing Boards Division (“Division”) to conduct a background investigation of me to determine my suitability for a licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Division or authorized representatives, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

_____ Full Name Printed	_____ Sex	_____ Race
_____ Social Security Number		_____ Date of Birth
_____ Place of Birth (City/State)		_____ Aliases or Maiden Name
_____ Street Address (P.O. Boxes NOT Accepted)		_____ Home Phone Number
_____ City, State, Zip Code		_____ Work Phone Number
_____ Signature		_____ Date